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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This application is a CIP of 10/700,341 11/04/2003

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY ISRAEL	SHEETS DRAWING 9	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 3
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Verified and Acknowledged  
 Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Tissue dispensing cover

FILING FEE  RECEIVED 1332	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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